



A Location of Stony Brook University Hospital

Stony Brook Medicine Administrative Policy and Procedures

Subject: HLD0038 Policy and Procedure for an Employee Responding to Governmental Investigations	Published Date: 01/05/2023
Leadership	Next Review Date: 01/05/2026
Scope: SBM Southampton Campus	Original Creation Date: 06/04/2001

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Responsible Department/Division/Committee:

Compliance Office

Policy:

Stony Brook University Hospital and its campuses (collectively "SBUH") are committed to comply with the law and to cooperate during the course of a governmental investigation or inquiry. Hospital Representatives who receive information indicating that a government investigation of SBUH operations is underway, must preserve all potentially relevant records, and suspend routine document destruction and electronic record deletion practices, including the deletion of e-mails until the investigation is completed and closed.

Definitions:

Hospital Representative – Employees; volunteers; trainees; medical staff members, including state, research foundation, professional employer organization, personnel employed through contracted agencies; the governing body; contracted or subcontracted agents; vendors or consultants who furnish products or services on behalf of SBUH; and other individuals affiliated with SBUH regardless of whether the individual is paid by SBUH.

Government Investigator – a representative of any federal, state or local government or regulatory agency that has jurisdiction to investigate SBUH for any reason.

Procedures:

I. RESPONDING TO AN INVESTIGATOR'S REQUEST TO ANSWER QUESTIONS:

1. A government investigator may attempt to interview a Hospital Representative regarding SBUH operations at the workplace or at home without prior notice. Hospital Representatives have certain rights when an investigator appears at work or home. Before answering any questions identify the agent by requesting identification and a business card and ask for the reason for the request. If the person does not have a business card, write down the person's name and agency he/she represents.
2. The Hospital Representative may ask questions to determine why the investigator wishes to speak to him/her.
3. After obtaining this information, the Hospital Representative may set up an appointment to speak with the investigator at a later date and time (this applies whether the investigator contacts the Hospital Representative at home or at work). A Hospital Representative may speak with an investigator at any time, but an investigator cannot force consent to an interview on the spot. Further, a Hospital Representative has the right to request counsel's presence during an interview.
4. Once the Hospital Representative makes some or all of the above inquiries, they must contact the Nursing Supervisor, immediately. If the Nursing Supervisor is unable to be reached, then the employee calls the VP of Quality Management, if the VP cannot be reached the employee then contacts the Hospital Counsel, if the hospital counsel cannot be contacted, then the employee contacts the SBUH Compliance Officer at SBM Main Campus. If the government investigator is from the New York State and/or Suffolk County Department of Health, the VP of Quality Management is notified promptly by the employee or Nursing Supervisor.
5. If a Hospital Representative decides to speak with an investigator:
 - a. The Hospital Representative must be truthful.
 - b. The Hospital Representative has the right to have a witness present during the interview, including personal or General Counsel.

c. The Hospital Representative may take notes during an interview, and may record the names, titles, telephone numbers and addresses of individuals present.

d. The Hospital Representative may terminate the interview at any time and/or seek counsel if not already present.

II. RESPONDING TO A SEARCH WARRANT

1. Validate the identity of the agent serving the search warrant (see I.1 above).
2. Ask to see the legal documentation requesting the search (search warrant and supporting affidavit, in some cases, affidavit may be sealed). Ask to make a copy of the documentation.
3. Contact General Counsel and/or SBUH Compliance Officer. If neither is available, contact the Hospital NAS on duty.
4. Read the search warrant to determine if it specifies a time period and scope for the search. A valid search warrant gives the government agent the right to conduct the search. Do not obstruct the search. However, if the agent searches beyond the scope of the warrant, the employee may object verbally (not physically). Silence may be interpreted as consent.
5. The Director of Safety and Security, or designee, is assigned to follow the agent during the search. Observations shall be made and recorded of the search.
6. Ask the agents for a copy of their list of the inventory of seized items. In addition, obtain permission from the agent to make a copy of the seized documents, especially ones vital to operations and patient care.
7. Be cooperative and never obstruct the search.

III. EXAMPLES OF GOVERNMENT REQUESTS THAT ARE RECEIVED IN WRITING

1. Any Office of Inspector General (OIG) requests received from any federal agency, e.g.; Center for Medicare and Medicaid Services (CMS), National Institute of Health (NIH), etc.
2. Standard government audits, e.g.; Department of Health (DOH), Health and Human Services (HHS), or the Fraud Unit of any government payer.

3. Any governmental communication alleging regulatory non-compliance (e.g., the Internal Revenue Service, a Department of Transportation notice regarding the improper disposal of medical waste, questionnaires from any Fraud and Abuse division of any governmental agency.)

IV.COORDINATION OF THE INVESTIGATION / AUDIT PROCESS

1. Once an investigation or audit has been initiated, General Counsel assigns a point person to coordinate and assist in the response and take responsibility for the oversight of the investigation / audit activities. This individual(s) works collaboratively with SBUH Operational staff, Finance, General Counsel and Corporate Compliance Offices.
2. The point person is responsible for forming a team of the appropriate individuals to respond to the investigation / audit.
3. At the completion of the investigation / audit, the point person prepares an analytical summary. Report of the findings outlining all significant facts, observations, lessons learned and issues identified as well as a corrective action plan. This report is shared with General Counsel, Compliance Officer and the CEO of the Governing Body.
4. The response team conducts a post review to ensure any corrective action has taken place.

PHONE NUMBERS:

AOD: "0" Operator (or 631-726-8200 from outside line)
Corporate Compliance Officer 631-444-5864
Quality Management 631-726-8330

Forms: (Ctrl-Click form name to view)

None

Policy Cross Reference: (Ctrl-Click policy name to view)

[HLD0039 Corporate Compliance Code of Conduct](#)
[HLD0068 Acceptance of Legal Papers](#)

Relevant Standards/Codes/Rules/Regulations/Statutes:

None

References and Resources:

None